

PART B - FEE(S) TRANSMITTAL

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28391 7590 08/15/2011
MEDTRONIC VASCULAR, INC.
IP LEGAL DEPARTMENT
3576 UNOCAL PLACE
SANTA ROSA, CA 95403

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the 15713 (571)-273-2885, on the date indicated below.

(Depositor's Name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10781,003 02/18/2004 Matthew F. Ogle 6078(C1437) 2970

TITLE OF INVENTION: MEDICAL ARTICLES INCORPORATING SURFACE CAPILLARY FIBER

APPL. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEES DUE	DATE DUE
nonprovisional	YES	\$755	\$300	\$0	\$1055	11/15/2011

EXAMINER	ART UNIT	CLASS-3RD CLASS
MEH/TA BHUSMA	3767	604-264009

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563)

☐ Change of correspondence address (or change of Correspondence Address form PTO/SF422) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SF422, Rev. 03-01 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents. OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 3 registered patent attorneys or agents. If no name is listed, no names will be printed.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.111. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Medtronic Vascular, Inc.

Santa Rosa, California, U.S.A.

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
☒ Publication fee (No small entity discount permitted)
☐ Advance Order - # of Copies _____

4b. Payment of Fee(s): (Please first re-pay any previously paid issue fee shown above)

- ☐ A check is enclosed
☐ Payment by credit card. Form 170-2038 is attached.
☒ The Director is hereby authorized to charge fee, required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number **01-5525** (enclose an exact copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims **SMALL ENTITY** status. See 37 CFR 1.27. ☒ b. Applicant is no longer claiming **SMALL ENTITY** status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature /James F. Crittenden/

Date September 21, 2011

Typed or printed name James F. Crittenden

Registration No. 39,560

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